State of Utah Department of Alcoholic Beverage Control

SPA FACT SHEET





_			DATE SUBMITTED
COMPANY NAME			
_			DATE REVISED
EPRESENTATIVE			
		AUTHORIZED S	IGNATURE & TITLE
ent will be deducted fr		<u> </u>	
nent purchase order/inv	oice or		
ar purchase order.			
	PRODUC	T INFORMATION	
CONTROL STATES CODE		CONTROL STATES CODE	
SIZE		SIZE	
NAME		NAME	
SHELF TALKER-AMOUNT		SHELF TALKER-AMOUNT	
OF DISCOUNT? (\$2.00)		OF DISCOUNT? (\$2.00)	
FLOOR DISPLAY-AMOUNT		FLOOR DISPLAY-AMOUNT	
OF DISCOUNT? (\$3+)		OF DISCOUNT? (\$3+)	
AMOUNT OF SPA OFF		AMOUNT OF SPA OFF	
QUOTED CASE PRICE		QUOTED CASE PRICE	
SPA BUY IN/PASS THROUGH MONTH(S)		SPA BUY IN/PASS THROUGH MONTH(S)	
	PRODUC	T INFORMATION	
CONTROL STATES CODE		CONTROL STATES CODE	
SIZE		SIZE	
NAME		NAME	
SHELF TALKER-AMOUNT		SHELF TALKER-AMOUNT	
OF DISCOUNT? (\$2.00)		OF DISCOUNT? (\$2.00)	
FLOOR DISPLAY-AMOUNT]	FLOOR DISPLAY-AMOUNT	
OF DISCOUNT? (\$3+)		OF DISCOUNT? (\$3+)	
	1	AMOUNT OF SPA OFF	
AMOUNT OF SPA OFF			
-		QUOTED CASE PRICE	
AMOUNT OF SPA OFF			